

Site Accreditation Report – Lewis and Clark Behavioral Health Services

Completed: June 17-19, 2019

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Prevention

Outpatient Services

Clinically Managed Residential Detoxification Program (3.2D)

Medically Monitored Intensive Treatment Program (3.7)

Mental Health (MH) Services

Outpatient Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

Review Process: Lewis and Clark Behavioral Health Services was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and chart records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 100%

Combined Client Chart Review Score: 96.4%

Cumulative Score: 96.6%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency provides a variety of mental health and substance use disorder treatment services. The agency has strong community relationships and has built many partnerships with entities and agencies in the communities they serve. Staff report feeling supported by the leadership team as they feel administration has an open-door policy, encourage the staff to participate in professional development, and self-care. The policy and procedure manual is well organized. The prevention staff has a good relationship with the area schools.

Recommendations:

1. The agency's personnel files were complete and organized, but it is recommended to complete an orientation check-list for new hires that includes fire prevention and safety; confidentiality of all information about clients including a review of 42 CFR Part 2, and 45 CFR Parts 160 and 164; the proper maintenance and handling of client case records; the agency's philosophical approach to treatment and the agency's goals; procedures to follow in medical emergencies or natural disasters;

specific job descriptions and responsibilities of the employee; the agency's policies and procedures manual; and the agency's procedures for the reporting of cases of suspected child abuse or neglect per ARSD 67:61:05:05 & 67:62:06:04.

2. In review of prevention services, it is recommended that the agency incorporate more community-based/environmental strategies in addition to their school-based education, as well as collaborate with other prevention agencies, to expand the agency's prevention efforts in the community.

Plan of Correction: None

CLIENT CHART REVIEW SUMMARY

Strengths: The integrated assessments were detailed and organized. The staff are pro-active and supportive of the clients. The clients interviewed produced positive feedback and found the agency to be a supportive environment. The client's report they would recommended the services to others.

Recommendations:

1. In review of the SUD outpatient charts, two out of the 13 treatment plans were not completed within 30 days of admission per ARSD 67:61:07:06.

In review of the CYF charts, three out of the ten treatment plans were not completed within 30 days of admission per ARSD 67:62:08:07.

In addition to the timeframes listed above, it is recommended that treatment plan goals and objectives be more individualized to the client.

2. In review of the SUD charts, it is recommended that the description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable should be more individualized to the client as the plan was similar between charts.

Plan of Correction:

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. In review of the SUD charts, 14 out of 19 charts reviewed did not have the continued stay review completed on time according to ARSD 67:61:07:07. Ensure the continued stay reviews are completed on time to identify why a client is in that level of care.
2. A transfer or discharge summary shall be completed upon termination or discontinuation of services according to ARSD 67:61:07:10 and 67:62:08:14. During the review, seven out of 27 SUD charts and six out of 16 MH charts were missing one or more of the following elements:
 - A transfer or discharge summary completed within five working days;
 - A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;

- If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.

Ensure all the above elements are included in the discharge or transfer summary and that it is completed within five working days of discharge.

3. In review of the SUD charts, according to ARSD 67:61:17:08 the clinically-managed residential detoxification program shall provide a minimum of 90 minutes of programming daily through individual, group, and family counseling as outlined in ARSD 67:61:17:07(2)(a)(b)(c)(d)., Documentation was missing in two out of four charts reviewed that programming was provided daily.
4. In review of the SUD detoxification charts, four out of four charts were missing documentation that each client admitted into detoxification services shall have their type and amount of fluid intake recorded according to ARSD 67:61:17:05. Documentation of each client's type and amount of fluid needs to be recorded in the charts.
5. A client who is admitted into SUD inpatient treatment services shall have a complete blood count and urinalysis completed within 72 hours after admission according to ARSD 67:61:18:02. In review of the inpatient charts three out of six charts reviewed were missing either the blood count or urinalysis within 72 hours.